

APPLICATION FOR VOLUNTEER SERVICES

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, gender, ancestry; disabilities, or age and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.



NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE#: _____

EMAIL: _____

When are you available for volunteer assignments? (Please check all that apply)

<input type="checkbox"/> MONDAY	<input type="checkbox"/> MORNING (8-12)	<input type="checkbox"/> AFTERNOON (12-4)	<input type="checkbox"/> ALL DAY
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> MORNING (8-12)	<input type="checkbox"/> AFTERNOON (12-4)	<input type="checkbox"/> ALL DAY
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> MORNING (8-12)	<input type="checkbox"/> AFTERNOON (12-4)	<input type="checkbox"/> ALL DAY
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> MORNING (8-12)	<input type="checkbox"/> AFTERNOON (12-4)	<input type="checkbox"/> ALL DAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> MORNING (8-12)	<input type="checkbox"/> AFTERNOON (12-4)	<input type="checkbox"/> ALL DAY

VOLUNTEER INTEREST: Please rank 1-6. #1 being area most interested in volunteering

- Activities (Lead an activity)
- Distribution of Newsletters/Flyers (distribute various places around town)
- Events (Represent Eppson Center for private events – open/lock doors)
- Home Delivered Meal Driver (deliver a route)
- Kitchen (Help organize and/or cook)
- Landscaping (assist with gardening/landscape projects)
- Maintenance (Handy Person tasks around the center)
- Reception/Meal Tickets (answer phones and question and/or sell meal tickets)

Have you ever been convicted of any criminal offense other than a minor traffic violation fine of \$500.00 or less? _____ If yes, please explain:

Do you have a valid Driver's License? Yes _____ No _____ State of issue: _____

Driver's License Number: _____

Emergency Contact:

Name: _____ **Phone:** _____

Relation: _____

HDM Drivers:

Please Note: We will need a copy of your driver's license and a valid proof of car insurance for your file. You will also need a copy of your driving record (you can get it from the DMV) and we will process a Department of Family Services Background check. These items will need to be in your file before you can drive for the Home Delivered Meals program.

I have received and read the HDM Driver volunteer handbook

Thank you for your interest in becoming an Eppson Center Volunteer. We will be in contact shortly with information on where and when we will need your services. First priority will be given to the order you ranked your interest.

Signature

Date